

FILED FEB 13 1942

Registration District No. 27

Primary Registration District No. 5039 5048

Registrar's No.

1. PLACE OF DEATH:

(a) County BARRY
(b) City or town JENKINS R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME LARRY EDWARD HALL

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Oct 23rd 1941 (Month) (Day) (Year)

8. AGE: Years 0 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Barry Co Mo (City, town or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name RILEY TUCKER
13. Birthplace BARRY CO MO (City, town, or county) (State or foreign country)
14. Maiden name ARVILLA HALL
15. Birthplace BARRY CO. MO (City, town, or county) (State or foreign country)

16. (a) Informant John Hall
(b) Address Jenkins Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Day Ridge

18. (a) Signature of funeral director Horne - Culver
(b) Address Cassville Mo

19. (a) 2/10/42 (Date received local registrar) (b) Del Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BARRY
(c) City or town JENKINS R. (If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1942 hour 8 minute 6:45 M.
21. I hereby certify that I attended the deceased from Jan 30 1941 to Feb 2 1942
that I last saw him alive on Feb 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Inter cranial pressure - Cause unknown Duration

Due to 160 lb

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (b) Means of Injury 0

23. Signature Glenn H. Dwyer (M. D. or other) Cassville Mo
Address Cassville Mo Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1076

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed R Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.